

PART I: (REQUIRED)

**IDENTIFIED PERFORMANCE DEFICIENCIES**

(To be completed by Monitor and submitted to BCM immediately upon initiation of Corrective Action)

Contract Number: \_\_\_\_\_ Review Date: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Monitor Name: \_\_\_\_\_

Division Name: \_\_\_\_\_

Other Divisions Using the Contractor: \_\_\_\_\_

**PERFORMANCE DEFICIENCIES:**

A. **MAJOR DEFICIENCIES** (Imminent harm; recommend immediate initiation of a Corrective Action Plan (CAP) to achieve compliance within 24 hours.)

Performance Deficiency

Contract Provision/Policy Standard

(Completion of this information is not necessary **UNLESS** form is used as a working document.)

1.

1.

2.

2.

3.

3.

CAP Due Date: \_\_\_\_\_

Compliance Due Date: \_\_\_\_\_

B. **SIGNIFICANT DEFICIENCIES** (Recommend Corrective Action Plan be completed within 10 Days and compliance be achieved within 30 days.)

1.

1.

2.

2.

3.

3.

CAP Due Date: \_\_\_\_\_

Compliance Due Date: \_\_\_\_\_

C. **MINOR DEFICIENCIES** (Recommend Corrective Action Plan be completed within 30 Days and compliance be achieved within 60-90 days.)

1.

1.

2.

2.

3.

3.

CAP Due Date: \_\_\_\_\_

Compliance Due Date: \_\_\_\_\_

\_\_\_\_ **IMMEDIATE SANCTION APPLIED.** (Please Attach Documentation Identifying Sanction.)

**CORRECTIVE ACTION PLAN**

Contractor Name: \_\_\_\_\_

Contract #: \_\_\_\_\_ Original Review Date: \_\_\_\_\_

Monitor Name: \_\_\_\_\_

Division Name: \_\_\_\_\_

For each identified performance deficiency, state the steps that will be taken to ensure compliance with the required contract provision or policy standard by the designated due date. (Use additional sheets as necessary.)

Performance Deficiency #: \_\_\_\_\_ Compliance Due Date: \_\_\_\_\_

Corrective Action to be implemented:

Performance Deficiency #: \_\_\_\_\_ Compliance Due Date: \_\_\_\_\_

Corrective Action to be implemented:

APPROVAL OF PLAN:

Provider/Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Approval by: \_\_\_\_\_ Date: \_\_\_\_\_

PART II:

**CORRECTIVE ACTION PLAN RESULTS**

(This form, or a substitute form containing all included information, must be submitted to BCM upon the compliance due date identified in Part I)

Original Review Date: \_\_\_\_\_ Compliance Review Date: \_\_\_\_\_

Type of Compliance Review (e.g., On-site, document, etc.): \_\_\_\_\_

Agency Reviewer(s): \_\_\_\_\_

Contractor: \_\_\_\_\_

Contract #: \_\_\_\_\_

Corrective action \_\_\_\_ **was** \_\_\_\_ **was not** successful in bringing Contractor into compliance with all contract requirements.

If corrective action **was not** successful in bringing the Contractor into compliance with all contract requirements, identify those requirements with which the Contractor is still out of compliance:

<u>Performance Deficiency</u>	<u>Contract Provision/Policy Standard</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

State what additional steps will be taken with regard to each of the above findings?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Compliance Due Date for Additional Steps: \_\_\_\_\_